



**2010 State Health Benefit Plan  
Prescription Drug List Reference Guide  
for High Deductible Health Plan**



# Table of Contents

<b>Introduction</b> .....	1-6
<b>Prescription Drug List - 2010</b> .....	7-29
<b>Anti-Infectives</b>	
Antibiotics .....	7
Antifungals .....	8
Antivirals .....	8
<b>Cardiovascular/Heart Disease</b>	
Coagulation Therapy .....	8
High Blood Pressure .....	8-10
High Cholesterol .....	10
Other .....	10
<b>Central Nervous System</b>	
Attention Deficit Disorder .....	11
Depression .....	11
Migraine .....	12
Sedatives/Hypnotics .....	12
Seizure Disorders .....	13
Other .....	13
<b>Dermatology</b> .....	14, 15
<b>Endocrine/Diabetes</b>	
Blood Glucose Monitoring .....	16
Growth Hormone .....	16
Insulin .....	16
Non-Insulin .....	17
Other .....	17
<b>Eye Conditions</b>	
Anti-Allergy .....	18
Antibiotics .....	18
Glaucoma .....	19
<b>Gastrointestinal</b>	
Acid Suppression .....	19
Nausea/Vomiting .....	19
Other .....	20
<b>Men's Health</b>	
Erectile Dysfunction .....	20
Prostate .....	20
<b>Miscellaneous</b>	
Miscellaneous .....	21
Overactive Bladder .....	21
<b>Musculoskeletal</b>	
Osteoporosis .....	21
Pain Relief .....	22, 23
Rheumatoid Arthritis .....	23
Other .....	23
<b>Respiratory</b>	
Asthma/COPD .....	24
Nasal Allergy .....	25
Oral Allergy .....	25
<b>Women's Health</b>	
Contraceptives .....	26
Estrogen/Progesterone .....	27
Prenatal Vitamins .....	27
<b>Additional Tier 3 Drugs with a generic equivalent in Tier 1</b> .....	28, 29



# **2010 State Health Benefit Plan Prescription Drug List for High Deductible Health Plan**

**Your UnitedHealthcare pharmacy benefit offers flexibility and choice in finding the right medication for you.**

This guide will:

1. Help you understand your medication benefit choices and make informed decisions.
2. Help you understand which questions to ask your doctor or pharmacist.

## **What is a Prescription Drug List (PDL)?**

A PDL is a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration.

Your UnitedHealthcare pharmacy benefit provides coverage for a comprehensive selection of prescription medications. Below you will find some commonly prescribed medications for certain conditions. You and your doctor can refer to this list to select the right medication to meet your needs.

The benefit plan documents provided by your health plan include a Summary Plan Description (SPD). Please refer to this document for more details about your individual plan.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting [myuhc.com](http://myuhc.com) or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit [www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp) for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

This document list is effective Jan. 1, 2010 through Dec. 31, 2010. This list is subject to change.

## Understanding Tiers

Prescription medications are categorized within three tiers. Each tier is assigned a copayment, the amount you pay when you fill a prescription, which is determined by your health plan. Consult your benefit plan documents to find out the specific copayments, coinsurance and deductibles that are part of your plan. **You and your doctor should decide which medication is appropriate for you.**

### Tier 1 – Your Lowest-Cost Option

Tier 1 medications are your lowest copayment option. For the lowest out-of-pocket expense, always consider Tier 1 medications if you and your doctor decide they are right for your treatment.

### Tier 2 – Your Midrange-Cost Option

Tier 2 medications are your middle copayment option.

### Tier 3 – Your Highest-Cost Option

Tier 3 medications are your highest copayment option. If you are currently taking a medication in Tier 3, ask your doctor whether there are Tier 1 or Tier 2 alternatives that may be right for your treatment.

**Note: Compounded medications** are medications with one or more ingredients that are prepared “on-site” by a pharmacist. These are classified at the Tier 3 level.

**Please note:** Refer to your enrollment materials, check the Drug Pricing/Coverage information on [www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp) or log on [myuhc.com](http://myuhc.com)<sup>®</sup>, or call the toll-free Customer Care phone number on the back of your ID card for more information about your benefit plan or to inquire about additional medications that are not listed on the PDL.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting [myuhc.com](http://myuhc.com) or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit [www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp) for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the “Preferred Drug List (PDL).” This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

This document list is effective Jan. 1, 2010 through Dec. 31, 2010. This list is subject to change.

## Who makes tier placement decisions and what factors are considered?

Several factors are considered when deciding the placement of a medication on the UHC Prescription Drug List including the medication's classification. Several committees contribute and evaluate the overall health care value of the medication to ensure an unbiased approach. Committee members are various health care professionals including physicians and pharmacists with a broad range of specialties.

The two main committees are:

Our National Pharmacy and Therapeutics (P&T) Committee evaluates clinical evidence in order to determine a medication's role in therapy and its overall clinical value. In addition, the P&T Committee reviews the relative safety and efficacy of the medication.

The UnitedHealthcare PDL Management Committee evaluates the clinical recommendations of the P&T committee as well as pharmacoeconomic and economic information. Our PDL Management Committee uses the input from the National P&T Committee and our various other committees to make a tier placement decision based on the overall health care value of a particular medication, balancing the need for flexibility and choice for you and an affordable pharmacy benefit for health plans.

The PDL Management Committee helps to ensure access to a wide range of affordable medications for you.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting [myuhc.com](http://myuhc.com) or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit [www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp) for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

This document list is effective Jan. 1, 2010 through Dec. 31, 2010. This list is subject to change.

## How often will prescription medications change tiers?

Medications may change tiers once per calendar year (January 1). Additionally, when a brand-name medication becomes available as a generic, the tier status of the brand-name medication will be evaluated. When a medication changes tiers, you may be required to pay more or less for that medication. These changes may occur without prior notice to you. **For the most current information on your pharmacy coverage, please call the toll-free Customer Care phone number on the back of your ID card or visit [www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp) or log on [myuhc.com](http://myuhc.com).**

## What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients as brand-name medications, but they often cost less. Generic medications become available after the patent on the brand-name medication expires. At that time, other companies are permitted to manufacture an FDA-approved, chemically equivalent medication. Many companies that make brand-name medications also produce and market generic medications.

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower tier alternative is available and if it might be appropriate for you since generic medications are your lowest-cost option. Call the toll-free Customer Care phone number on the back of your ID card or visit **[www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp)** or log on **[myuhc.com](http://myuhc.com)** to determine the copayment for your generic medication.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **[myuhc.com](http://myuhc.com)** or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit **[www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp)** for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

This document list is effective Jan. 1, 2010 through Dec. 31, 2010. This list is subject to change.



## Why is the medication that I am currently taking no longer covered?

Medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when it is therapeutically equivalent to an over-the-counter medication. There may be alternatives on the PDL or over-the-counter medications that are appropriate for your treatment. Talk to your doctor about the most appropriate medication for you.

## When should I consider discussing over-the-counter or non-prescription medications with my doctor?

An over-the-counter medication can be an appropriate treatment for some conditions. Consult your doctor about over-the-counter alternatives to treat your condition. These medications are **not covered** under your pharmacy benefit, but they may cost less than your out-of-pocket expense for prescription medications.

## Why are there notations next to certain medications in the PDL, and what do they mean?

The specific definitions for these notations (**SL**, **N**, etc.) are listed at the bottom of each page of the PDL and refer to our pharmacy programs. These programs as well as our drug utilization review processes can help confirm coverage based on your benefit plan.

Please call the toll-free Customer Care phone number on the back of your ID card if you need additional information about these notations.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting [myuhc.com](http://myuhc.com) or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit [www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp) for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

This document list is effective Jan. 1, 2010 through Dec. 31, 2010. This list is subject to change.

## What should I do if I use a self-administered injectable medication?

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. UnitedHealthcare has developed a specialty pharmacy network for these medications. Please call our toll-free Specialty Pharmacy Referral Line at 1-866-429-8177. A representative will answer questions about our program and then transfer you to a specialty pharmacy based on your particular specialty medication prescription.

## How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to call the toll-free Customer Care phone number on the back of your ID card or log on **myuhc.com** or visit **www.welcometouhc.com/shbp** for more current information.

Log on to **myuhc.com** for the following pharmacy resources and tools:

- Pharmacy benefit and coverage information
- Specific copayment amounts for prescription medications
- Possible lower-cost medication alternatives
- A list of medications based on a specific medical condition
- Medication interactions and side effects
- Locate a participating retail pharmacy by zip code
- Review your prescription history

## What if I still have questions?

Please call the toll-free Customer Care phone number on the back of your ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **myuhc.com** or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit **www.welcometouhc.com/shbp** for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

This document list is effective Jan. 1, 2010 through Dec. 31, 2010. This list is subject to change.

## Anti-Infectives Antibiotics

### Tier 1

A-B Otic  
 Amoxicillin Trihydrate Capsule,  
     Chewable Tablet, Drops,  
     Suspension, Tablet  
 Amoxicillin Trihydrate/  
     Potassium Clavulanate  
 Azithromycin  
 Cefaclor  
 Cefadroxil Hydrate  
 Cefdinir  
 Cefpodoxime Tablet  
 Cefprozil  
 Cefuroxime  
 Cephalixin Monohydrate  
 Cephadrine Capsule  
 Ciprofloxacin Tablet  
 Clarithromycin Tablet  
 Clindamycin HCl 150, 300 mg  
 Dicloxacillin Sodium Capsule  
 Dimethyl Sulfoxide Solution,  
     Non-Oral  
 Doxycycline Hyclate  
 Doxycycline Monohydrate  
     Capsule  
 Erythromycin Base Capsule,  
     Delayed-Release  
 Erythromycin Base Tablet,  
     Enteric-Coated  
     250, 333 mg  
 Erythromycin Estolate  
 Erythromycin Ethylsuccinate  
 Erythromycin Ethylsuccinate/  
     Sulfisoxazole Acetyl  
 Erythromycin Stearate  
 Methenamine Mandelate  
 Metronidazole  
 Minocycline HCl  
 Neomycin Sulfate  
 Neomycin/Polymyxin/HCl Otic  
 Nitrofurantoin Macrocrystal  
 Nitrofurantoin/Nitrofurantoin  
     Macrocrystal  
 Ofloxacin  
 Ofloxacin Otic  
 Penicillin V Potassium  
 Sulfadiazine  
 Sulfamethoxazole/Trimethoprim  
 Sulfisoxazole  
 Tetracycline HCl  
 Trimethoprim

### Tier 2

Augmentin  
 Cerumenex Otic  
 Chloromycetin Otic  
 Cipro Suspension  
 Ciprodex Otic  
 Cleocin HCl 75 mg  
 Dapsone  
 Furadantin Suspension, Oral  
 Gantrisin  
 Levaquin Tablet, Solution  
 Macrochantin 25 mg  
 Tobit  
 Vancocin HCl  
 Velosef 250 mg Suspension  
 Zyvox

### Tier 3

Adoxa  
 Augmentin XR  
 Avelox  
 Cedax  
 Dispermox  
 Doryx  
 EryPed Tablet, Chewable  
 Factive  
 Geocillin  
 Keftab  
 Ketek  
 Maxaquin  
 Monurol  
 Neggram  
 Noroxin  
 Oracea  
 PCE  
 Primisol  
 Proquin XR  
 Raniclor Tablet, Chewable  
 Solodyn  
 Suprax  
 Tequin  
 Vibramycin Suspension  
 Vibramycin Syrup  
 Xifaxan **SL**  
 Zagam  
 Zmax

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**N** Notification required

**P** Progression Rx

**SL** Supply limit

**Anti-Infectives Antifungals****Tier 1**

Clotrimazole Troche  
 Fluconazole  
 Griseofulvin Microsize  
 Suspension  
 Griseofulvin Ultramicronize  
 Itraconazole Capsule **SL**  
 Ketoconazole  
 Metronidazole Vaginal  
 Nystatin  
 Terbinafine HCl Tablet  
 Terconazole Vaginal

**Tier 2**

Clindesse Vaginal  
 Mycostatin  
 Noxafil  
 SporanoX Solution, Oral  
 Vfend

**Tier 3**

Ancobon  
 Fulvicin U/F  
 Gynazole-1 Vaginal  
 Lamisil Granules

**Anti-Infectives Antivirals****Tier 1**

Acyclovir  
 Amantadine HCl  
 Famciclovir  
 Ganciclovir  
 Ribavirin **SL N**  
 Rimantadine HCl Tablet

**Tier 2**

Baraclude  
 Epivir HBV  
 Hepsera  
 Rebetol Solution **SL N**  
 Valcyte  
 Valtrex

**Tier 3**

Flumadine Syrup  
 Relenza **SL**  
 Tamiflu **SL**  
 Tyzeka

**Cardiovascular/Heart Disease Coagulation Therapy****Tier 1**

Cilostazol  
 Dipyridamole  
 Heparin Sodium  
 Sulfapyrazone  
 Ticlopidine HCl  
 Warfarin Sodium

**Tier 2**

Arixtra  
 Coumadin  
 Lovenox  
 Plavix

**Tier 3**

Aggrenox  
 Fragmin  
 Innohep

**Cardiovascular/Heart Disease High Blood Pressure****Tier 1**

Acebutolol HCl  
 Amiloride HCl  
 Amiloride HCl/  
 Hydrochlorothiazide  
 Amlodipine Besylate  
 Amlodipine/Benazepril  
 Atenolol  
 Benazepril HCl  
 Benazepril/  
 Hydrochlorothiazide  
 Betaxolol HCl  
 Bisoprolol Fumarate/  
 Hydrochlorothiazide  
 Bumetanide

**Tier 2**

Aceon  
 Aldactazide 50-50 mg  
 Azor  
 Benicar  
 Benicar HCT  
 Bystolic  
 Cardizem CD 360 mg  
 Cardizem LA  
 Cozaar  
 Dibenzylamine  
 Enduron 2.5 mg  
 Hyzaar  
 Micardis  
 Micardis HCT

**Tier 3**

Atacand  
 Atacand HCT  
 Avalide  
 Avapro  
 Cardene SR  
 Cardura XL  
 Catapres-TTS  
 Coreg CR  
 Covera-HS  
 Diovan  
 Diovan HCT  
 DynaCirc CR  
 Dyrenium  
 Edecrin

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**Cardiovascular/Heart Disease High Blood Pressure** (cont. from page 8)**Tier 1**

Captopril  
 Captopril/Hydrochlorothiazide  
 Carvedilol  
 Chlorothiazide Tablet  
 Chlorthalidone  
 Clonidine HCl  
 Clonidine HCl/Chlorthalidone  
 Clonidine Patch,  
     Transdermal Weekly  
 Diltiazem HCl  
 Doxazosin Mesylate  
 Enalapril Maleate  
 Enalapril Maleate/  
     Hydrochlorothiazide  
 Eplerenone  
 Felodipine  
 Fosinopril  
 Fosinopril/  
     Hydrochlorothiazide  
 Furosemide  
 Guanfacine HCl  
 Hydralazine HCl  
 Hydralazine HCl/  
     Hydrochlorothiazide  
 Hydrochlorothiazide  
 Indapamide  
 Isradipine  
 Labetalol HCl  
 Lisinopril  
 Lisinopril/Hydrochlorothiazide  
 Methyclothiazide  
 Methyldopa 250, 500 mg  
 Methyldopa/  
     Hydrochlorothiazide  
 Metolazone  
 Metoprolol Succinate  
 Metoprolol Tartrate  
 Metoprolol/  
     Hydrochlorothiazide  
 Minoxidil  
 Moexipril HCl  
 Nadolol  
 Nadolol/Bendroflumethiazide  
 Nicardipine HCl  
 Nifedipine  
 Nifedipine Tablet, Osmotic  
     Laser-Drilled Formulation  
 Nisoldipine 20, 30, 40 mg  
 Pindolol  
 Prazosin HCl

**Tier 2**

Sular 8.5, 10, 17, 25.5,  
 34 mg

**Tier 3**

Enduronyl  
 Enduronyl Forte  
 Exforge  
 Exforge HCT  
 Guanabenz Acetate  
 Innopran XL  
 Levatol  
 Lexxel  
 Minizide  
 Naturetin  
 Tarka  
 Tekturna  
 Tekturna HCT  
 Teveten  
 Wytensin

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**N** Notification required

**P** Progression Rx

**SL** Supply limit

**Cardiovascular/Heart Disease High Blood Pressure** (cont. from page 9)**Tier 1**

Propranolol HCl  
 Propranolol HCl/  
     Hydrochlorothiazide  
 Quinapril HCl/  
     Hydrochlorothiazide  
 Quinapril HCl/Magnesium  
     Carbonate  
 Ramipril  
 Spironolactone  
 Spironolactone/  
     Hydrochlorothiazide  
 Terazosin HCl  
 Timolol Maleate  
 Trandolapril  
 Triamterene/  
     Hydrochlorothiazide  
 Verapamil HCl

**Tier 2****Tier 3****Cardiovascular/Heart Disease High Cholesterol****Tier 1**

Cholestyramine/Aspartame  
 Cholestyramine/Sucrose  
 Colestipol HCl  
 Fenofibrate 54, 67, 134, 160,  
     200 mg  
 Gemfibrozil  
 Lovastatin  
 Pravastatin  
 Simvastatin

**Tier 2**

Advicor  
 Antara  
 Altoprev  
 Crestor  
 Fenoglide  
 Lipitor  
 Lipofen  
 Niaspan  
 Simcor  
 Tricor 48, 145 mg  
 Triglide  
 Vytorin  
 Welchol

**Tier 3**

Caduet  
 Lescol  
 Lescol XL  
 Lovaza  
 Pravigard-PAC  
 Trilipix  
 Zetia

**Cardiovascular/Heart Disease Other****Tier 1**

Amiodarone  
 Digoxin  
 Disopyramide  
 Flecainide  
 Isosorbide Dinitrate  
 Isosorbide Mononitrate  
 Mexiletine  
 Nitroglycerin  
 Procainamide  
 Propafenone  
 Sotalol

**Tier 2**

Lanoxin

**Tier 3**

Ethmozine  
 Minitran  
 Nitro-Dur  
 Nitrolingual  
 Rythmol SR

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

## Central Nervous System Attention Deficit Disorder

### Tier 1

Amphetamine Aspartate/  
Amphetamine Sulfate/  
Dextroamphetamine  
Amphetamine Aspartate/  
Amphetamine Sulfate/  
Dextroamphetamine  
Capsule, Sustained-Release  
24 Hour **SL**  
D-Amphetamine Sulfate  
Tablet, Capsule,  
Sustained-Action  
Methamphetamine HCl Tablet  
Methylphenidate

### Tier 2

Vyvanse **SL**

### Tier 3

Adderall XR **SL**  
Concerta **SL**  
Daytrana **SL**  
Focalin XR **SL**  
Metadate CD **SL**  
Methylin Solution, Oral  
Methylin Tablet, Chewable  
Ritalin LA **SL**  
Strattera **SL**

## Central Nervous System Depression

### Tier 1

Amitriptyline HCl  
Amitriptyline/Perphenazine  
Amoxapine  
Bupropion HCl **N**  
Bupropion HCl Tablet,  
Sustained-Action **N**  
Bupropion HCl Tablet,  
Sustained-Release  
24 Hour **N**  
Citalopram Hydrobromide  
Clomipramine HCl  
Desipramine HCl  
Doxepin HCl  
Fluoxetine HCl  
Fluvoxamine Maleate  
Imipramine HCl  
Maprotiline HCl  
Mirtazapine  
Nefazodone HCl  
Nortriptyline HCl  
Paroxetine HCl  
Sustained-Release,  
24 Hour  
Paroxetine HCl Tablet  
Protriptyline HCl  
Sertraline HCl  
Tranylcypromine Sulfate  
Trazodone HCl  
Trimipramine Maleate  
Venlafaxine HCl

### Tier 2

Nardil

### Tier 3

Cymbalta  
Effexor XR  
Emsam  
Lexapro  
Luvox CR  
Marplan  
Pexeva  
Pristiq  
Prozac Weekly  
Tofranil-PM  
Venlafaxine  
Extended-Release

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**N** Notification required

**P** Progression Rx

**SL** Supply limit

## Central Nervous System Migraine

### Tier 1

Acetaminophen/Butalbital  
 Acetaminophen/Caffeine/  
 Butalbital **SL**  
 Aspirin/Caffeine/Butalbital  
 Dihydroergotamine Mesylate  
 Ergotamine Tartrate/  
 Belladonna Alkaloids/  
 Phenobarbital  
 Ergotamine Tartrate/Caffeine  
 Suppository, Rectal  
 Ergotamine Tartrate/  
 Caffeine/Belladonna  
 Alkaloids/Pentobarbital  
 Isometheptene Mucate/  
 Acetaminophen/  
 Dichloralphenazone  
 Isometheptene/  
 Acetaminophen/Caffeine  
 Relpax **SL**  
 Sumatriptan Succinate  
 Injection **SL**  
 Sumatriptan Succinate Nasal  
 Spray **SL**  
 Sumatriptan Succinate  
 Tablet **SL**

### Tier 2

Cafergot  
 Ergomar  
 Migranal  
 Sansert

### Tier 3

Amerge **SL**  
 Axert **SL**  
 Frova **SL**  
 Maxalt **SL**  
 Maxalt MLT **SL**  
 Migranal **SL**  
 Treximet **SL**  
 Zomig **SL**  
 Zomig Nasal Spray **SL**  
 Zomig ZMT **SL**

## Central Nervous System Sedatives/Hypnotics

### Tier 1

Chloral Hydrate  
 Estazolam  
 Flurazepam HCl  
 Temazepam  
 Triazolam  
 Zaleplon **SL**  
 Zolpidem Tartrate **SL**

### Tier 2

### Tier 3

Ambien **SL**  
 Ambien CR **SL**  
 Butisol Sodium  
 Doral  
 Lunesta **SL**  
 Restoril 7.5 mg  
 Rozerem **SL**  
 Seconal Sodium  
 Sonata **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.



## Central Nervous System Seizure Disorders

### Tier 1

Acetazolamide  
Carbamazepine  
Clonazepam  
Divalproex  
Ethosuximide  
Gabapentin Capsule, Tablet  
Lamotrigine  
Levetiracetam  
Mephobarbital  
Oxcarbazepine  
Phenobarbital  
Phenytoin  
Primidone  
Topiramate Tablet  
Valproic Acid  
Zonisamide

### Tier 2

Celontin  
Diastat  
Dilantin  
Felbatol  
Gabitril  
Mebaral 50 mg  
Mysoline  
Neurontin Solution, Oral  
Peganone  
Phenytek  
Tegretol

### Tier 3

Equetro  
Keppra XR  
Lamictal Dose Pack  
Lyrica **N**  
Stavzor  
Topamax Sprinkle

## Central Nervous System Other

### Tier 1

Alprazolam  
Amantadine HCl  
Benzotropine Mesylate  
Bromocriptine Mesylate  
Buspirone HCl  
Carbidopa/Levodopa  
Chlordiazepoxide HCl  
Clorazepate Dipotassium  
Clozapine  
Diazepam  
Galantamine  
Lithium Carbonate  
Lorazepam  
Loxapine Succinate  
Oxazepam  
Risperidone  
Ropinirole HCl  
Selegiline HCl  
Thiothixene 1, 2, 5, 10 mg  
Trihexyphenidyl HCl

### Tier 2

Akineton  
Apokyn  
Aricept  
Aricept ODT  
Clozaril  
Comtan  
FazaClo  
Geodon  
Loxitane C  
Mirapex  
Moban  
Navane 20 mg  
Orap  
Seroquel  
Symbyax  
Tasmar  
Zyprexa

### Tier 3

Abilify  
Azilect  
Carbex  
Cognex  
Exelon  
Invega  
Kemadrin  
Namenda  
Paxipam  
Provigil **SL N**  
Razadyne Solution  
Requip XL  
Seroquel XR  
Stalevo  
Tranxene SD  
Zelapar  
Zyprexa Zydis

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**N** Notification required

**P** Progression Rx

**SL** Supply limit

## Dermatology

## Tier 1

Alclometasone Dipropionate  
 Cream, Ointment 0.05%  
 Aluminum Chloride  
 Amcinonide Cream, Ointment  
 Betamethasone Dipropionate  
 Cream, Lotion, Ointment  
 Betamethasone  
 Dipropionate/Propylene  
 Glycol Gel, Lotion, Ointment  
 Betamethasone DP  
 Augmented Cream 0.05%  
 Betamethasone Valerate  
 Cream, Lotion, Ointment  
 Ciclopirox Cream, Gel, Lotion  
 Ciclopirox Solution, Non-Oral  
 Clindamycin Phosphate  
 Clobetasol Propionate Cream,  
 Gel, Ointment  
 Clobetasol Propionate Foam  
 Clobetasol Propionate  
 Solution, Non-Oral  
 Clotrimazole/Betamethasone  
 Dipropionate  
 Desonide Cream, Lotion,  
 Ointment  
 Desoximetasone Cream, Gel,  
 Ointment  
 Diflorasone Diacetate Cream,  
 Ointment  
 Diflorasone Diacetate/  
 Emollient Cream  
 Doxepin Cream  
 Econazole Nitrate  
 Erythromycin Base/Benzoyl  
 Peroxide  
 Erythromycin Base/Ethyl  
 Alcohol  
 Erythromycin Base/Ethyl  
 Alcohol Swab, Medicated  
 Fluocinolone Acetonide  
 Cream, Ointment  
 Fluocinolone Acetonide  
 Solution Non-Oral  
 Fluocinonide Cream, Gel,  
 Ointment  
 Fluocinonide Solution,  
 Non-Oral  
 Fluocinonide/Emollient  
 Cream  
 Fluorouracil

## Tier 2

Aldara  
 Azelex  
 Benzamycin  
 Condyllox Gel  
 Lidoderm **SL**  
 Locoid Lipocream  
 Oxsoralen-Ultra  
 Protopic **N**  
 Regranex **N**  
 Retin-A Micro **SL N**  
 Sulfoxyl Regular  
 Tazorac **SL N**  
 Trisoralen  
 Zovirax

## Tier 3

Acanya  
 Accutane  
 Altabax  
 Atralin **SL**  
 Avita Gel **N**  
 Bactroban  
 Benzacilin  
 Brevoxyl  
 Carmol HC Cream  
 Centany  
 Clindagel  
 Clobex  
 Clobex Shampoo  
 Cloderm  
 Cordran  
 Cordran SP Cream  
 Cutivate Lotion  
 Denavir  
 Derma-Smoother/FS  
 Desonate  
 Desquam-X  
 Differin Gel 0.3% **SL N**  
 Drysol  
 Duac  
 Duac-CS  
 Elidel **N**  
 Emla  
 Epiduo  
 Ertaczo  
 Evoclin  
 Exelderm  
 Extina  
 Finacea Gel  
 Furacin  
 Halog  
 Loprox Shampoo  
 Lustra-AF  
 Mentax  
 Metrogel 1%  
 Metro lotion  
 Naftin  
 Noritate  
 Olux-E  
 Olux-Olux-E  
 Oscion  
 Oxistat  
 Pandel Cream  
 Panretin Gel  
 Plexion Sct  
 Psorcon E Ointment

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**Dermatology** (cont. from page 14)**Tier 1**

Fluticasone Propionate  
 Cream, Ointment  
 Gentamicin Sulfate  
 Halobetasol Propionate  
 Cream, Ointment  
 Hyaluronate Sodium  
 Suspension 0.1%  
 Hydrocortisone Butyrate  
 Ointment, Solution,  
 Non-Oral  
 Hydrocortisone Cream,  
 Lotion, Ointment  
 Hydrocortisone Valerate  
 Cream, Ointment  
 Isotretinoin  
 Ketoconazole Cream,  
 Shampoo  
 Lidocaine HCl Gel, Ointment,  
 Solution  
 Metronidazole Cream, Gel  
 Mometasone Furoate Cream,  
 Ointment, Solution  
 Mupirocin Ointment  
 Nystatin  
 Nystatin/Triamcinolone  
 Acetonide  
 Podofilox Liquid  
 Prednicarbate Cream  
 Sulfacetamide Sodium  
 Suspension, Topical  
 Sulfacetamide Sodium/Sulfur  
 Sulfacetamide Sodium/  
 Sulfur/Urea  
 Sulfacetamide Sodium/Urea  
 Lotion  
 Tretinoin Cream, Gel **N**  
 Triamcinolone Acetonide  
 Cream, Lotion, Ointment  
 Urea 40% Emulsion

**Tier 2****Tier 3**

Solaraze Gel  
 Sulfacet-R  
 Tretin-X **SL N**  
 Triaz  
 Umecta  
 Vanos  
 Vanoxide-HC  
 Veragen  
 Verdeso  
 Vusion  
 Xolegel  
 Ziana

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**N** Notification required

**P** Progression Rx

**SL** Supply limit

**Endocrine/Diabetes Blood Glucose Monitoring****Tier 1**

Fast Take System  
 Fast Take Test Strips **SL**  
 Freestyle Freedom Lite System  
 Freestyle Lite System  
 Freestyle Lite Test Strips **SL**  
 Freestyle System  
 Freestyle Test Strips **SL**  
 One Touch System  
 One Touch Test Strips **SL**  
 One Touch Ultra 2 System  
 One Touch Ultra Mini System  
 One Touch Ultra System  
 One Touch Ultra Test Strips **SL**  
 Precision Q-I-D System  
 Precision Q-I-D Test Strips **SL**  
 Precision Xtra System  
 Precision Xtra Test Strips **SL**  
 Surestep System  
 Surestep Test Strips **SL**

**Tier 2****Tier 3**

Accu-Chek System  
 Accu-Chek Test Strips **SL**  
 Ascensia System  
 Ascensia Test Strips **SL**  
 Assure System  
 Assure Test Strips **SL**  
 Prestige System  
 Prestige Test Strips **SL**

**Endocrine/Diabetes Growth Hormone****Tier 1****Tier 2**

Nutropin **SL N**  
 Nutropin AQ **SL N**  
 Nutropin Depot **SL N**  
 Saizen **SL N**  
 Serostim **SL N**  
 Tev-Tropin **SL N**

**Tier 3**

Genotropin **SL N P**  
 Humatrope **SL N P**  
 Norditropin **SL N P**  
 Omnitrope **SL N P**  
 Zorbtive **SL N**

**Endocrine/Diabetes Insulin****Tier 1**

Novolin 70/30 Vials  
 Novolin L Vials  
 Novolin N Vials  
 Novolin R Vials  
 NovoLog Mix 70/30 Vials  
 NovoLog Vials

**Tier 2**

Lantus Vials  
 Levemir Vials  
 Novolin 70/30 Pens/  
 Cartridges  
 Novolin L Pens/Cartridges  
 Novolin N Pens/Cartridges  
 Novolin R Pens/Cartridges  
 NovoLog Mix 70/30 Pens/  
 Cartridges  
 NovoLog Pens/Cartridges

**Tier 3**

Apidra  
 Humalog Pens/Cartridges  
 Humalog Vials  
 Humulin Pens  
 Humulin Vials  
 Lantus Solostar Pens/  
 Cartridges  
 Levemir Pens  
 Relion

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

## Endocrine/Diabetes Non-Insulin

## Tier 1

Acarbose  
 Acetohexamide  
 Chlorpropamide  
 Glimepiride  
 Glipizide  
 Glipizide/Metformin HCl  
 Glyburide  
 Glyburide/Metformin HCl  
 Metformin HCl  
 Tolazamide  
 Tolbutamide

## Tier 2

Actoplus Met  
 Actos  
 Avandamet  
 Avandaryl  
 Avandia  
 Byetta  
 Duetact  
 Glyset  
 Janumet  
 Januvia  
 Prandin

## Tier 3

Fortamet Tablet, Sr Osmotic  
 Push 24 Hour  
 Glumetza  
 Riomet Solution, Oral  
 Starlix  
 Symlin

## Endocrine/Diabetes Other

## Tier 1

Cabergoline  
 Calcitonin Salmon Nasal  
 Spray  
 Calcitriol  
 Danazol  
 Desmopressin Acetate  
 Dexamethasone  
 Fludrocortisone Acetate  
 Fortical  
 Hydrocortisone Tablet  
 Levothyroxine Sodium  
 Liothyronine Sodium  
 Methimazole  
 Methylprednisolone Tablet,  
 Dose Pack 4 mg  
 Octreotide Acetate  
 Orapred  
 Oxandrolone  
 Prednisolone Sodium  
 Phosphate Solution, Oral  
 Prednisolone Syrup  
 Prednisone  
 Propylthiouracil

## Tier 2

Androderm  
 Androgel **SL**  
 Android  
 Aristocort Tablet  
 Calderol  
 Cytadren  
 Halotestin  
 Hectorol  
 Hytakerol  
 Kuvan **SL N**  
 Liquid Pred  
 Medrol 2, 8, 16, 24, 32 mg  
 Pediapred  
 Sandostatin **N**  
 Synarel  
 Synthroid  
 Zemplar

## Tier 3

Armour Thyroid  
 Celestone Oral Solution  
 Cortone Acetate  
 First-Testosterone  
 Orapred ODT  
 Sensipar  
 Stimite  
 Striant  
 Testim **SL**  
 Thyrolar

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**N** Notification required

**P** Progression Rx

**SL** Supply limit

**Eye Conditions Anti-Allergy****Tier 1**

Cromolyn Sodium

**Tier 2**Elestat  
Optivar**Tier 3**Acular  
Alamast  
Alocril  
Alomide  
Emadine  
Livostin  
Opticrom  
Pataday  
Patanol**Eye Conditions Antibiotics****Tier 1**Bacitracin/Polymyxin B Sulfate  
Chloramphenicol  
Ciprofloxacin HCl Drops  
Erythromycin Base  
Gentamicin Sulfate  
Neomycin Sulfate/Bacitracin Zinc/Polymyxin B/  
Hydrocortisone Ointment  
Neomycin Sulfate/Bacitracin/  
Polymyxin B Ointment  
Neomycin Sulfate/  
Dexamethasone Sodium Phosphate  
Neomycin Sulfate/Gramicidin D/Polymyxin B Drops  
Neomycin Sulfate/Polymyxin B Sulfate/Hydrocortisone Suspension, Drops  
Neomycin/Polymyxin B Sulfate/Dexamethasone  
Ofloxacin  
Polymyxin B Sulfate/  
Trimethoprim  
Sulfacetamide Sodium  
Sulfacetamide Sodium/  
Prednisolone Acetate  
Sulfacetamide Sodium/  
Prednisolone Sodium Phosphate  
Tobramycin Sulfate Drops  
Tobramycin/Dexamethasone Suspension**Tier 2**

Blephamide S.O.P.

**Tier 3**Azasite  
Blephamide Suspension,  
Drops  
Chloroptic S.O.P. Ointment  
Ciloxan Ointment  
Iquix  
Natacyn  
Poly-Pred  
Pred-G  
Quixin  
Tobrex Ointment  
Vigamox  
Zylet  
Zymar

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

## Eye Conditions **Glaucoma**

### Tier 1

Acetazolamide  
Acetazolamide Capsule,  
Sustained-Action  
Betaxolol HCl  
Brimonidine Tartrate  
Carteolol HCl  
Dipivefrin HCl  
Dorzolamide HCl  
Dorzolamide HCl/Timolol  
Maleate  
Levobunolol HCl  
Methazolamide  
Metipranolol  
Pilocarpine HCl  
Timolol Maleate Drops

### Tier 2

Alphagan P  
Azopt  
Betimol  
Combigan  
Epifrin  
Isopto Carbachol  
Lumigan  
Osmoglyn  
P6E1  
Phospholine Iodide  
Pilopine HS  
Travatan  
Travatan Z

### Tier 3

Betoptic S  
Iopidine  
Istalol  
Rescula  
Xalatan

## Gastrointestinal **Acid Suppression**

### Tier 1

Cimetidine Tablet, Liquid  
Misoprostol  
Omeprazole  
Pantoprazole  
Ranitidine HCl Syrup  
Sucralfate Tablet

### Tier 2

Aciphex  
Axid Oral Solution  
Helidac  
Prevpac  
Protonix  
Pylera  
Zegerid

### Tier 3

Carafate Oral Suspension  
Nexium Capsule  
Nexium Suspension  
Pepcid Suspension, Oral  
Prevacid Capsule,  
Delayed-Release  
Enteric-Coated  
Prevacid Naprapac  
Prevacid Solutab  
Prevacid Suspension,  
Delayed-Release,  
Reconst.  
Prilosec Rx 10, 20 mg  
Prilosec Rx 40 mg

## Gastrointestinal **Nausea/Vomiting**

### Tier 1

Dronabinol  
Granisetron HCl Tablet **SL**  
Ondansetron **SL**  
Prochlorperazine Maleate  
25 mg Suppository, Rectal  
Prochlorperazine Maleate  
Tablet  
Trimethobenzamide HCl  
Capsule

### Tier 2

Compazine 2.5, 5 mg  
Suppository  
Compazine Syrup  
Emend **SL**  
Kytril Solution, Oral **SL**  
Torecan

### Tier 3

Anzemet **SL**  
Cesamet **SL**  
Sancuso **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**N** Notification required

**P** Progression Rx

**SL** Supply limit

Gastrointestinal **Other**

**Tier 1**

Mesalamide  
Metoclopramide  
Polyethylene Glycol  
Sulfasalazine

**Tier 2**

Apriso  
Canasa  
Dipentum  
Entocort EC  
GoLYTELY Packet  
Lialda  
Lotronex  
Relistor  
Trilyte with Flavor Packets

**Tier 3**

Amitiza **SL N**  
Asacol  
Asacol HD  
Halflytely-Bisacodyl  
Moviprep  
Pentasa

Men's Health **Erectile Dysfunction**

**Tier 1**

**Tier 2**

**Tier 3**

Caverject **SL**  
Cialis **SL**  
Edex **SL**  
Levitra **SL**  
Muse **SL**  
Viagra **SL**

Men's Health **Prostate**

**Tier 1**

Doxazosin Mesylate  
Finasteride **N**  
Terazosin HCl

**Tier 2**

**Tier 3**

Avodart **N**  
Flomax  
Uroxatral

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.



## Miscellaneous

### Tier 1

Azathioprine  
Benzonatate  
Chlorhexidine Gluconate  
Folic Acid  
Phenazopyridine  
Prednisolone Acetate  
Promethazine/Codeine  
Tamoxifen  
Vitamin D (Rx only)

### Tier 2

Arimidex  
Aromasin  
Cellcept Suspension  
Fareston  
Femara  
Myfortic  
Neoral  
Prograf  
Rapamune  
Sandimmune  
Twinject **SL**

### Tier 3

Epipen **SL**  
Epipen Jr **SL**  
Restasis **N**  
Soltamox  
Tussionex **SL**

## Miscellaneous Overactive Bladder

### Tier 1

Dicyclomine HCl Tablet  
Flavoxate HCl  
Hyoscyamine Sulfate  
Oxybutynin Chloride

### Tier 2

Enablex  
Oxytrol  
Pro-Banthine  
Sanctura XR  
Vesicare

### Tier 3

Detrol  
Detrol LA  
Sanctura

## Musculoskeletal Osteoporosis

### Tier 1

Alendronate Sodium **SL**  
Calcitonin Salmon Nasal  
Spray  
Estradiol  
Estradiol Patch, Transdermal  
Weekly  
Estropipate Tablet  
Fortical

### Tier 2

Actonel **SL**  
Actonel with Calcium **SL**  
Boniva **SL**  
Climara  
Esclim  
Estraderm  
Evista  
Forteo **N**  
Ogen Cream  
Vivelle  
Vivelle-Dot

### Tier 3

Fosamax Plus D **SL**  
Premarin

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**N** Notification required

**P** Progression Rx

**SL** Supply limit

## Musculoskeletal Pain Relief

### Tier 1

Acetaminophen/Butalbital  
 Acetaminophen/Caffeine/  
 Butalbital **SL**  
 Acetaminophen/  
 Phenyltoloxamine Citrate  
 Aspirin/Caffeine/Butalbital  
 Butorphanol Tartrate Aerosol,  
 Spray **SL**  
 Codeine Phosphate/  
 Acetaminophen **SL**  
 Codeine Phosphate/  
 Acetaminophen/Caffeine/  
 Butalbital **SL**  
 Codeine Phosphate/Aspirin/  
 Caffeine/Butalbital  
 Codeine Sulfate  
 Diclofenac Potassium  
 Diclofenac Sodium  
 Dihydrocodeine Bit/  
 Acetaminophen/Caffeine  
 Etodolac  
 Fenoprofen Calcium  
 Fentanyl Citrate Lollipop **SL N**  
 Fentanyl Transdermal **SL**  
 Flurbiprofen  
 Hydrocodone Bit/  
 Acetaminophen **SL**  
 Hydrocodone Bit/  
 Acetaminophen Elixir,  
 Tablet **SL**  
 Hydromorphone HCl Tablet  
 Ibuprofen  
 Ibuprofen/Hydrocodone  
 Indomethacin  
 Ketoprofen  
 Ketorolac Tromethamine  
 Levorphanol Tartrate  
 Meclofenamate Sodium  
 Mefenamic Acid  
 Meloxicam  
 Meperidine HCl  
 Methadone HCl  
 Morphine Sulfate Solution,  
 Oral  
 Morphine Sulfate Suppository,  
 Rectal 5 mg  
 Morphine Sulfate Tablet,  
 Sustained-Action  
 Nabumetone  
 Naproxen

### Tier 2

Codeine Phosphate  
 MSIR Capsule  
 OxyContin **SL**  
 RMS-Suppository  
 10, 20, 30 mg  
 Voltaren Gel

### Tier 3

Arthrotec  
 Avinza **SL**  
 Celebrex  
 Equagesic  
 Fentora **SL N**  
 Flector  
 Hycet  
 Kadian **SL**  
 Opana **SL**  
 Opana ER **SL**  
 Subutex **SL N**  
 Synalgos-DC  
 Triaprin  
 Ultram ER  
 Xodol  
 Zydone

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**Musculoskeletal Pain Relief** (cont. from page 22)**Tier 1**

Naproxen Sodium  
 Oxaprozin  
 Oxycodone HCl  
 Oxycodone HCl Concentrate,  
 Oral  
 Oxycodone HCl/  
 Acetaminophen **SL**  
 Oxycodone HCl/Ibuprofen  
 Oxycodone/Aspirin  
 Pentazocine HCl/  
 Acetaminophen  
 Pentazocine HCl/Naloxone  
 HCl  
 Piroxicam  
 Propoxyphene Napsylate/  
 Apap **SL**  
 Sulindac  
 Tolmetin Sodium  
 Tramadol HCl  
 Tramadol HCl/  
 Acetaminophen **SL**

**Tier 2****Tier 3****Musculoskeletal Rheumatoid Arthritis****Tier 1**

Azathioprine  
 Hydroxychloroquine Sulfate  
 Leflunomide  
 Methotrexate Sodium  
 Sulfasalazine

**Tier 2**

Cimzia **SL N**  
 Cuprimine  
 Enbrel **SL N**  
 Humira **SL N**  
 Rheumatrex  
 Simponi **SL N**  
 Trexall

**Tier 3**

Kineret **SL N**

**Musculoskeletal Other****Tier 1**

Baclofen  
 Carisoprodol  
 Cyclobenzaprine  
 Methocarbamol  
 Orphenadrine  
 Orphenadrine Compound  
 Tizanidine

**Tier 2**

Robaxinal

**Tier 3**

Skelaxin  
 Soma 250 mg  
 Zanaflex

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**N** Notification required

**P** Progression Rx

**SL** Supply limit

## Respiratory Asthma/COPD

### Tier 1

Albuterol Aerosol **SL**  
 Albuterol Sulfate  
 Albuterol Sulfate/Ipratropium  
     Solution, Non-Oral  
 Asmanex **SL**  
 Cromolyn Sodium Ampul for  
     Nebulization  
 Dyphylline  
 Foradil **SL**  
 Guaifenesin/Dyphylline  
 Ipratropium Bromide Solution,  
     Non-Oral  
 Isoetharine HCl Solution,  
     Non-Oral  
 Metaproterenol Sulfate  
 Pulmicort Flexhaler **SL**  
 QVAR **SL**  
 Terbutaline Sulfate  
 Theophylline  
 Ventolin HFA **SL**

### Tier 2

Alupent **SL**  
 Elixophyllin GG  
 Intal **SL**  
 Proventil Tablet,  
     Sustained-Action  
 Pulmicort Respules **SL**  
 Singulair  
 Slo-Phyllin  
 Spiriva **SL**  
 Tilade **SL**  
 T-Phyl

### Tier 3

Accolate **SL**  
 Advair Diskus **SL**  
 Advair HFA **SL**  
 Aerobid **SL**  
 Aerobid-M **SL**  
 Alvesco **SL**  
 Atrovent HFA **SL**  
 Azmacort **SL**  
 Brovana  
 Combivent **SL**  
 Elixophyllin Elixir  
 Elixophyllin-KI Elixir  
 Flovent Diskus **SL**  
 Flovent HFA **SL**  
 Lufyllin Tablet  
 Maxair Autohaler **SL**  
 Perforomist **SL**  
 Proair HFA **SL**  
 Proventil HFA **SL**  
 Quibron-T Tablet  
 Serevent Diskus **SL**  
 Symbicort **SL**  
 Theo-24  
 Uniphyll  
 Volmax  
 Xopenex HFA **SL**  
 Xopenex Vial, Nebulizer **SL**  
 Zyflo  
 Zyflo CR **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

## Respiratory Nasal Allergy

### Tier 1

Flunisolide  
Fluticasone Propionate **SL**

### Tier 2

Astelin **SL**  
Nasonex **SL**

### Tier 3

Astepro  
Beconase AQ **SL**  
Nasacort  
Nasacort AQ **SL**  
Omnaris  
Rhinocort Aqua  
Veramyst

## Respiratory Oral Allergy

### Tier 1

Clemastine Fumarate  
Fexofenadine  
Hydroxyzine HCl  
Phenylephrine HCl/  
Chlorpheniramine Maleate/  
Scopolamine Syrup  
Phenylephrine HCl/  
Phenylpropanolamine  
HCl/Phenyltoloxamine/  
Chlorpheniramine  
Phenylephrine HCl/  
Promethazine HCl  
Pseudoephedrine HCl/  
Brompheniramine Maleate  
Pseudoephedrine HCl/  
Chlorpheniramine Maleate

### Tier 2

Atarax 100 mg

### Tier 3

Allegra ODT  
Allegra Suspension  
Allegra-D  
Bromfed Tablet  
Clarinet  
Clarinet-D  
Dallergy Drops, Tablet  
Dallergy Jr.  
Deconamine Chewable Tablet  
Histex CT  
Lodrane  
Rynatan Pediatric  
Rynatuss  
Semprex-D  
Xyzal

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**N** Notification required

**P** Progression Rx

**SL** Supply limit

## Women's Health Contraceptives

### Tier 1

Desogestrel-Ethinyl Estradiol  
 Desogestrel-Ethinyl Estradiol/  
 Ethinyl Estradiol  
 Ethinyl Estradiol/Desogestrel  
 Ethinyl Estradiol/  
 Drospirenone  
 Ethynodiol D-Ethinyl Estradiol  
 Levonorgestrel-Ethinyl  
 Estradiol  
 Levonorgestrel-Ethinyl  
 Estradiol Tablet, Dosepak,  
 3 month **SL**  
 Medroxyprogesterone Acet  
 150 mg/ml  
 Norethindrone  
 Norethindrone A-E Estradiol  
 Norethindrone A-E Estradiol/  
 Ferrous Fumarate  
 Norethindrone-Ethinyl  
 Estradiol  
 Norethindrone-Mestranol  
 Norgestimate-Ethinyl  
 Estradiol  
 Norgestrel-Ethinyl Estradiol

### Tier 2

NuvaRing  
 Ovrette  
 Plan B  
 Yaz

### Tier 3

Alesse  
 Cyclessa  
 Depo-SubQ Provera  
 Desogen  
 Femcon Fe  
 Lo/Ovral  
 Loestrin 24 Fe  
 Lybrel  
 Nor-Q-D  
 Ortho Evra  
 Ortho Micronor  
 Ortho-Cyclen  
 Ortho-Novum 7/7/7  
 Ortho Tri-Cyclen  
 Ortho Tri-Cyclen Lo  
 Ovcon  
 Ovcon 35 Fe  
 Seasonique  
 Triphasil  
 Yasmin

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

## Women's Health Estrogen/Progesterone

### Tier 1

Estradiol  
Estradiol Patch, Transdermal  
Weekly  
Estradiol 1 mg/Norethindrone  
Acetate 0.5 mg  
Estropipate Tablet  
Medroxyprogesterone Acet  
Methyltestosterone/  
Estrogens, Esterified Tablet  
Norethindrone

### Tier 2

Activella 0.5 mg/0.1 mg  
Cenestin  
Climara  
Climara **N**  
Crinone  
Divigel  
Enjuvia  
Esclim  
Estraderm  
Estratest  
Estratest H.S.  
Estring  
Evamist  
Ogen Cream  
Ortho-Dienestrol Cream  
Ovrette  
Prefest  
Prometrium  
Vagifem  
Vivelle  
Vivelle-Dot

### Tier 3

Alora  
Angeliq  
Climara Pro  
Combipatch  
Elestrin  
Endometrin  
Esclim  
Estinyl  
Estrasorb  
Estrogel  
Femhrt  
Femring  
Femtrace  
First-Progesterone  
First-Progesterone VGS  
Gynodiol 1.5 mg  
Menest  
Menostar Patch, Transdermal  
Weekly  
Preamin  
Premphase  
Prempo  
Prochieve **N**

## Women's Health Prenatal Vitamins

### Tier 1

Folic Acid  
PNV No. 52/Iron B-G  
Suc-Pro/FA  
Prenatal Vitamins/Fe Asp  
Gly/Docusate/Folic Acid  
Prenatal Vitamins/Iron,  
Carbonyl/Docusate/Folic  
Acid  
Prenatal Vitamins/Vitamin A/  
Iron Fumarate/Folic Acid  
Pruet DHA  
Pruet DHA EC  
Renate DHA  
Renate DHA Extra  
Setonet  
Setonet-EC

### Tier 2

### Tier 3

Brand Prenatal Vitamins

## Additional Tier 3 Drugs with a generic equivalent in Tier 1

Accupril (Quinapril)	Ditropan XL (Oxybutynin Chloride Tablet, Sustained-Release)	Monopril (Fosinopril)
Adderall (Amphetamine with Dextroamphetamine Salt Combination)	Duragesic <b>SL</b> (Fentanyl Transdermal <b>SL</b> )	Monopril HCT (Fosinopril with Hydrochlorothiazide)
Aldactone (Spironolactone)	Duricef (Cefadroxil)	Motrin (Ibuprofen) - Prescription strengths only
Altace (Ramipril)	Dyazide (Triamterene with Hydrochlorothiazide)	Naprosyn (Naproxen) - Prescription strengths only
Amaryl (Glimepiride)	Dynacirc (Isradipine)	Nasarel, Nasalide <b>SL</b> (Flunisolide Nasal Spray <b>SL</b> )
Ambien <b>SL P</b> (Zolpidem <b>SL</b> )	Effexor (Venlafaxine)	Neurontin Capsule, Tablet (Gabapentin)
Anaprox (Naproxen)	Eskalith CR (Lithium Carbonate Controlled-Release)	Norvasc (Amlodipine Besylate)
Ativan (Lorazepam)	Fioricet <b>SL</b> (Butalbital with Acetaminophen and Caffeine <b>SL</b> )	Ocuflox Eye Drops (Ofloxacin)
Augmentin ES (Amoxicillin with Potassium Clavulanate)	Flonase (Fluticasone Nasal Spray)	Paxil (Paroxetine)
Biaxin Tablet (Clarithromycin Tablet)	Floxin Otic (Ofloxacin Otic Drops)	Penlac (Ciclopirox Solution, Non-Oral)
Buspar (Buspirone)	Fosamax <b>SL</b> (Alendronate <b>SL</b> )	Percocet 5-325, 7.5-500, 10-650 <b>SL</b> (Oxycodone with Acetaminophen <b>SL</b> )
Calan, Calan SR (Verapamil)	Glucophage, XR (Metformin)	Plendil (Felodipine)
Capoten (Captopril)	Glucotrol, XL (Glipizide)	Pletal (Cilostazol)
Cardizem CD except for 360 mg strength (Diltiazem Sustained-Release 24 Hour Capsule)	Glucovance (Glyburide with Metformin)	Pravachol (Pravastatin)
Cardura (Doxazosin)	Hytrin (Terazosin)	Prilosec (Omeprazole)
Ceftin (Cefuroxime)	Imitrex Injection <b>SL</b> (Sumatriptan Succinate Injection <b>SL</b> )	Prinivil, Zestril (Lisinopril)
Cefzil (Cefprozil)	Imitrex Tablet <b>SL</b> (Sumatriptan Succinate Tablet <b>SL</b> )	Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)
Celexa (Citalopram)	Inderal (Propranolol)	Procardia XL (Nifedipine Extended-Release)
Ciloxan Eye Drops (Ciprofloxacin)	Keflex (Cephalexin)	Proscar <b>N</b> (Finasteride <b>N</b> )
Cipro (Ciprofloxacin)	Keppra (Levetiracetam)	Provera (Medroxyprogesterone)
Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)	Klonopin (Clonazepam)	Prozac (Fluoxetine Capsule)
Colestid (Colestipol)	Lamictal (Lamotrigine)	Relafen (Nabumetone)
Coreg (Carvedilol)	Lamisil Tablet <b>SL</b> (Terbinafine Tablet <b>SL</b> )	Remeron (Mirtazapine)
Darvocet-N <b>SL</b> (Propoxyphene with Acetaminophen <b>SL</b> )	Lasix (Furosemide)	Remeron SolTab (Mirtazapine Dispersible Tablet)
DDAVP (Desmopressin)	Lofibra (Fenofibrate Micronized)	Requip (Ropinirole)
Depakote (Divalproex Sodium Tablet, Enteric-Coated)	Lopid (Gemfibrozil)	Restoril 15, 30 mg (Temazepam)
Depo-Provera (Medroxyprogesterone Acetate 150 mg/ml)	Lopressor (Metoprolol)	Risperdal (Risperidone)
DiaBeta, Micronase, Glynase (Glyburide)	Mavik (Trandolapril)	Ritalin (Methylphenidate)
Didronel (Etidronate Disodium)	Medrol Dosepak (Methylprednisolone)	Ritalin SR (Methylphenidate Extended-Release)
Diflucan (Fluconazole)	Mevacor (Lovastatin)	Sonata <b>SL P</b> (Zaleplon <b>SL</b> )
	Mobic (Meloxicam)	Surmontil (Trimipramine Maleate)

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.



## Additional Tier 3 Drugs with a generic equivalent in Tier 1

Tenoretic (Atenolol with  
Chlorthalidone)  
Tenormin (Atenolol)  
Tiazac (Diltiazem)  
Topamax (Topiramate)  
Toprol XL 25 mg  
(Metoprolol Succinate  
Sustained-Release)  
Trusopt (Dorzolamide Eye  
Drops)  
Tylenol #3 **SL**  
(Acetaminophen with  
Codeine **SL**)  
Ultracet **SL** (Tramadol with  
Acetaminophen **SL**)  
Ultram (Tramadol)  
Valium (Diazepam)  
Vaseretic (Enalapril with  
Hydrochlorothiazide)  
Vasotec (Enalapril)  
Vicodin **SL**, Vicodin ES **SL**  
(Acetaminophen with  
Hydrocodone **SL**)  
Vicoprofen (Ibuprofen with  
Hydrocodone)  
Voltaren Tablet (Diclofenac)  
Wellbutrin **N** (Bupropion **N**)  
Wellbutrin SR **N** (Bupropion  
Sustained-Action **N**)  
Xanax, Xanax XR  
(Alprazolam)  
Zantac Syrup (Ranitidine  
Syrup)  
Ziac (Bisoprolol with  
Hydrochlorothiazide)  
Zithromax (Azithromycin)  
Zocor (Simvastatin)  
Zofran **SL** (Ondansetron **SL**)  
Zoloft (Sertraline)  
Zonegran (Zonisamide)  
Zovirax Capsule, Tablet,  
Suspension (Acyclovir)





**myuhc.com<sup>®</sup>** Medication Costs and Comparisons





**[www.myuhc.com](http://www.myuhc.com)**



Printed on paper containing recycled material.

© 2009 Medco Health Solutions, Inc. / UnitedHealthCare Services, Inc. All rights reserved.

Created October, 2009. For the most current PDL updates, visit **[myuhc.com](http://myuhc.com)** or call the phone number on the back of your ID card.

DL38791Y UHC GDCH\_HDHP T300 1/10 Traditional PDL